

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabantchik et al.

Serial No.: 09/868,083

Examiner: To Be Assigned

Filed: June 14, 2001

Group Art Unit: To Be Assigned

For: METHOD FOR MEASURING NON-TRANSFERRIN BOUND IRON

SUBMISSION OF DUPLICATE PAPERS

I hereby certify that this paper is being deposited with
the United States Postal Service as first class mail in an
envelope addressed to:
Commissioner for Patents, Washington, D.C. 20231.

January 17, 2002

Date of Deposit

Rochelle K. Seide

Attorney Name

32,300

Registration No.


SignatureJanuary 17, 2002

Date of Signature

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the telephone conversation with Vonda Wallace on
January 16, 2002, the Applicant submits herewith a duplicate copy of the reply to
Notification of Missing Requirements Under 35 U.S.C. 371 in the United States
Designated/Elected Office mailed July 17, 2001. Enclosed please find copies of a
signed Declaration (4 pages), a Transmittal Form (1 page), a Fee Transmittal Sheet (1

page), a Petition for Extension of Time under 37 C.F.R. 1.136(a) (2 pages), the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (1page), a page from the Baker Botts log book for USPTO mail dated November 19, 2001 (1 page), a postcard (1 page), and a Certificate of Mailing for November 19, 2001(1 page). Enclosed papers are copies of a correspondence that was timely filed by first class mail on November 19, 2001 and addressed to the United States Patent and Trademark Office, as indicated on the enclosed Certificate of Mailing.

Also enclosed is a check in the amount of \$249.00. The original submission was filed with a check in the amount of \$249.00, \$130.00 for a required late filing fee, \$110.00 for extension for a one month reply, and \$9.00 for an extra claim fee. The original check has been cancelled and a new check is provided.

Please charge any additional fees or credit any overpayment to Deposit Account No. 02-4377. A duplicate of this sheet is enclosed.

Respectfully submitted,



Rochelle K. Seide
Patent Office Reg. No. 32,300

Attorney for Applicant
(212) 408-2627

Enclosures

BAKER BOTTS LLP

Please type a plus sign (+) inside this box → ☒

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/868,083
Filing Date	June 14, 2001
First Named Inventor	Cabantchik
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	A34366PCTUSA; 066031.0155

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input checked="" type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers
(for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence
Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
to Group
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please
identify below): |
|---|---|---|

Remarks



\$9.00 fee for extra claim

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Rochelle K. Seide</i> Att Name: Rochelle K. Seide, Ph.D. PTO Reg: 32,300
Date	11/19/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/19/01

Typed or printed name	Rochelle K. Seide, Ph.D.
Signature	<i>Rochelle K. Seide</i>
Date	11/19/01

BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A34366PCTUSA; 066031
In re Application of Cabantchik et al.		
Application Number 09/868,083	Filed June 14, 2001	
For METHOD FOR MEASURING * see attached		
Group Art Unit Not Yet Known	Examiner Not Yet Known	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 19, 2001

Date

PTO Reg No.: 32,300

02/06/2002 SNAJARRO 00000082 09868083

03 FC:115

~~110.00~~ OP

Signature

Rochelle K. Seide, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Adjustment date: 08/27/2003 GFREY1
 02/06/2002 SNAJARRO 00000082 09868083
 03 FC:115 -110.00 OP

08/27/2003 GFREY1 00000005 024377 09868083
 01 FC:1252 290.00 DA 110.00 OP

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 249

Compleat If Known

Application Number	09/868,083
Filing Date	June 14, 2001
First Named Inventor	Cabantchik
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No.	A34366PCTUSA; 066031.0155

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-4377**
Deposit Account Name **Baker Botts LLP**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0

2. EXTRA CLAIM FEES

Total Claims 20 ** = 0 x = 0
Independent Claims 3 ** = 0 x = 0
Multiple Dependent =

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	130
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	110
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	
Other fee (specify) <u>Extra Claim Fee</u>			9

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 249

SUBMITTED BY

Name (Print/Type)	Rochelle K. Seide, Ph.D.	Registration No. (Attorney/Agent)	32,300	Telephone	212-408-2500
Signature	<i>Rochelle K. Seide</i>	Date	11/19/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.